

WARREN (S.P.)

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A PAPER

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Maine Medical Association,

JUNE 12, 1883,

BY STANLEY P. WARREN, M. D.,
OF PORTLAND.



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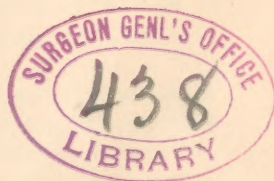
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Cases of: I. Rudimentary Uterus and Vagina. II. Cyst of Gartner's Canal.

I. Adult human beings with abnormal or defective sexual apparatus are subjects of special medical interest. Aside from their curiosity as freaks of nature or anatomical study, such cases suggest endless operative procedures, and have important social bearing in a medico-legal aspect. Women, with such abnormalities, appeal strongly for the resources of surgery; and the literature of gynecology is to be consulted for reports of plastic operations, oöphorectomies, &c.

Sex is unquestionable, if ovaries (omitting cases of true hermaphroditism) are present, though the rest of the sexual tract is wanting or rudimentary. Provided that there is a vagina and vulva, though the uterus and ovaries are absent, marriage is legal; but if the vagina is wanting, marriage is void and divorce obtainable.*

The development of the female sexual organs can be briefly stated as follows: The anatomist WOLFF discovered in the human foetus, before the second month, two bodies lying by the sides of the vertebræ, formed of a number of tubes opening into a common

*In order to justify a suit for divorce on the ground of impotency or sterility, the impediment to intercourse or procreation must be apparent or irremediable; it must also have existed before the marriage of the parties, and have been entirely unknown to the party suing for divorce; if it has supervened after the marriage, there is no ground for a suit. Taylor's "Medical Jurisprudence," Ed. 1861, p. 517.

excretory duct called, later, MULLER'S canals. These canals or ducts, one for each side, unite at a point just below where the urethra begins to develop. At the end of the second month they lie side by side; their opposed walls gradually unite and disappear. From this tube is developed, first, the vagina, later, the corpus uteri. The ovary forms from a germ below the Wolffian body. If MULLER'S canals do not unite, any part or the whole sexual tract is wanting. It appears to be unsettled whether the uterus is ever entirely absent, for careful dissection has always found some fasciculi of true muscular fibre.

Rudimentary uteri have been classified as follows:

I. A thin membranous expansion spreads from the Fallopian tubes and round ligaments towards the vagina.

II. A flattened crescentic line of tissue, whose convex surface looks upwards.

III. The cervix is absent, and the form of a body without a cavity is present.

IV. The body without cornua is present, but there is no perforating canal, or cornua with cavities, but the corpus and cervix are rudimentary.

The following case might properly be one of the second class. She presented herself for treatment April 12, 1883, and gave the following personal history:

English descent; her mother's sister menstruated very late, was married, but never became pregnant. Her own sisters menstruated quite early. She was a healthy, active girl up to her nineteenth year, when she first noticed what was supposed by her to be menstruation. The blood was small in amount—indeed, only enough to stain her clothing—and she thought it came from the vagina. Several months after, a similar bleeding was noticed, and again was thought to be vaginal. Since then, at irregular intervals, there has been a sanious discharge from the rectum,—“a smear upon the clothing,” as she expressed it,—lasting a day or two. She married at twenty-one. For a year or two prior to this event, her hypogastrium was somewhat swollen and painful. The nuptial rites were celebrated only after prolonged painful efforts, and entrance into her person was at last effected. Half an hour

afterwards, there was discharged from the vulva dark clotted blood, and this hæmorrhage lasted three or four days. Her married life was only for two years, when she voluntarily left her husband as "he was too fond of other women." Since then she has dorso-lumbar and ovarian pain, frequent attacks of congestive headache, varicose veins in the legs, and severe epistaxis sometimes occurs. During and since marriage there has been sexual desire.

Physical Examination. Fine feminine development, large breasts and areolæ, female type of pelvis and legs. Vulva, mons veneris, and clitoris normal. That there had been a hymen, was evident from the remaining crenated edges. The vagina was a simple cul-de-sac, nominally about an inch long, though, by strong pressure, it would contain the entire digit. *By speculum:* It had no opening in its vault, nor was there cicatricial tissue to indicate that the atresia was acquired. *Per rectum:* High up on the sides of the pelvis are two almond-shaped bodies, pressure upon which causes pain and nausea. These organs, which are undoubtedly ovaries, are joined by a band of tissue, that is a possible Fallopian tube, broad ligament or rudimentary uterus. No other organs can be detected in the pelvis by thorough and repeated rectal or bladder examination. She is now engaged to be married.

II. Cysts of the vagina originate from various sources—from hæmorrhagic effusion into the circum-vaginal tissues, from dermoid collections, from remnants of the Wolffian ducts or bodies, from glands about the urethra or from a diverticulum from that canal. Sebaceous cysts are improbable. In a few, extremely few, cases the cyst may arise from the persistence of a foetal canal, which is named from its discoverer, GARTNER. The literature of the subject, Cysts of GARTNER's Canals, is very scanty, and I can give only the following abstract, from journals:

Their discoverer was HERMAN TRESHOW GARTNER, born 1785, on Island of St. Thomas; was graduated at Copenhagen 1815; received a silver medal from the Royal Danish Society of Science in 1822, for "An Anatomical Description of a Glandular Organ examined in some Animals." CHAUVEAU (Comparative Anatomy of the Domesticated Animals, 1873, HEMING's Translation) says:

GARTNER's canals are developed from the Wolffian bodies, one portion of which develops into the genital organs, and the other into two organs, whose significance is unknown, the organs of ROSENMULLER and the canals of GARTNER. The latter are nominally present in the cow and sow, rarely in the mare, never in the sheep, goat, dog or cat. In the cow, they exist as mucous canals, which traverse the sides of the vagina for a certain distance, then open into the vulvar cavity besides the meatus urinarius. In human males, they are developed into the long canal running through the epididymis and vas deferens. In females they disappear, though distinct remains of them have been found in the broad ligaments of mature embryos.

The patient, a young married woman of foreign birth, had been troubled with a tumor in the vagina for several months. During her preceding gestation, it had been larger than at the present time, but offered no trouble to delivery. She had been under the care of a neighboring physician, who had supposed the tumor to be a cystocele, a natural error, judging from the history and external appearance. Dr. GORDON, of Portland, Me., was invited to operate for the supposed cystocele, and, by the kindness of the two gentlemen, I was permitted to witness the operation and to report the case. Separating the labia, the tumor presented in the median line, posterior to the meatus urinarius. It was quite tense, of the size of a hen's egg, and was evidently not connected with the bladder nor urethra, which fact the sound soon made evident. Incision permitted a quantity of straw-colored serum to escape, and then it was entirely laid open parallel with the axis of the vagina. It was apparently a simple retention cyst. A more careful examination found at its upper extremity, under the base of the bladder, a conical recess, which to sight seemed closed. This recess, so to speak, resembled the urethral opening of the bladder, looking from within outwards. After ineffectual attempts to dissect off the supposed cyst wall, the cavity was thoroughly mopped over with phenol. The upper end of the incision was sutured, and drainage provided through its dependent portion. In all probability, from its general appearance, situation, and especially from the tunnel-shaped pocket at its upper posterior end, it was a cyst of

GARTNER's canal. Later, there was found a canal in the roof of the vagina, to the right of the cyst just opened. Its opening was quite small, admitting the tip of the finger, was possibly two inches long, and the finger could pass its whole length. It was in the vesico-vaginal tissue, and may have been at some time a cyst similar to the one opened.

Dr. R. WATTS reported to the New York Obstetrical Society, June 7, 1881, the ablation of a vaginal cyst, similar to the one above described, though differing in one important particular. "The cyst was enucleated with considerable difficulty. After freeing the lower end, a probe was passed to define its upper limit, and passed upward several inches without meeting any resistance; the probe passed to the left, and could be felt at a point at a level with the umbilicus, midway between it and the anterior superior iliac spine. The cyst evidently seemed to run up and be converted into a tube communicating with the peritoneal cavity. The tube was ligatured and recovery ensued."

To the remarks of the pathologist, Dr. GARRIGUES, at that time, and to articles in the New York Medical Journal, I am indebted for the literature of this exceedingly rare affection.

DISCUSSION.

Dr. GORDON alluded to the rarity of this disease, and stated briefly the outline of a case operated upon by himself, assisted by the late Dr. WILLIAM WARREN GREENE. The tumor was thought to be cystocele, but the vesico-vaginal wall was perforated accidentally by the supporting sound, and the tumor was found to be a cyst of the vagina; the walls were dissected away, all hæmorrhage stopped, drainage established, and a perfect result obtained.

